

**Department of Housing and Community Development
Emergency Housing and Assistance Program (EHAP)**

SEMI-ANNUAL REPORT (SAR)

Instructions: In accordance with the Standard Agreement, Contractors shall submit a completed SAR with each request for disbursement and at the end of the contract period. You Do Not need to submit a SAR with the advance request.

Mail completed forms to: Program Manager
Emergency Housing and Assistance Program
Department of Housing and Community Development
P.O. Box 952054
Sacramento, California 94252-2054

EHAP Agreement (Contract) #: _____ -EHAP- _____

Contractor Name: _____

SAR #: _____ Reporting Period: _____ -- _____

1. Type(s) and total number(s) of Units of Service committed by Contractor per application and Standard Agreement:
(add additional lines as needed)

_____: _____: _____:
(type) (units)

2. Cumulative number(s) of Units of Service, by type, from last SAR:

_____: _____: _____:

3. Total number of Units of Service, by type, reported for this reporting period:

_____: _____: _____:

4. Cumulative Units of Service, by type, provided as of this report (2 + 3):

_____: _____: _____:

5. Remaining balance of Units of Service, by type, due:

_____: _____: _____:

I hereby certify that the information contained in this report is accurate and complete to the best of my knowledge. The records supporting the information summarized herein will be retained by our organization and be available for review by the State for at least five years after the expiration of the Standard Agreement.

Submitted by: _____
(Original Authorized Signature)

Date: _____

Semi-Annual Report # _____

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Contractor _____

Agreement Number -EHAP-

Instructions: By contract activity (e.g., acquisition, rehabilitation, lease, vouchers, operations), provide information regarding the status of funded activities. Describe milestones accomplished as well as any delays or problems experienced with project implementation. (Use additional pages if needed.)